MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11885

Reg. Dist. No. 291

1. PLACE OF DEATH:

County Talbot

City or town St Michaels near Town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Elizabeth L. Barkman

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widow

6.(b) Name of husband or wife Andrew C. Barkman

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 22 1850

8. AGE:

Years	Months	Days	If less than one day
90	7	21	hrs. min.

9. Birthplace Bozman (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Richard Cooper

13. Birthplace Talbot Co

MOTHER

14. Maiden name Ann Grace

15. Birthplace Bozman, Md

16. Informant Mrs Philip Edmond.

Address St. Michaels, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 15 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location St. Michaels Md

18. Funeral director Newnam & Harrison

Address St. Michaels, Md.

19. Nov 14 1940 John Harwales Local

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13 1940, at 5a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1940, to Nov 13 1940 and that I last saw h.. alive on Nov 13 1940

Immediate cause of death	DURATION
Valvular heart disease	?
Due to	?
Due to	
Other conditions Arterio Sclerosis	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Hoke M.D. M. D. or other

Address St. Michaels Md Date signed 11/14/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 5 1940
K. HLAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-B

CERTIFICATE OF DEATH

11886

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution? 23 1/2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Worchester

City or town: Vienna

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Bratten, Harry F.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Mrs Isabelle Bratten

6.(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): March 26, 1867

8. AGE: Years	Months	Days	If less than one day
73.	7	6	...hrs. ...min.

9. Birthplace: Stockton, Md. (Town, county, and state)

10. Usual occupation: merchant

11. Industry or business

FATHER 12. Name: Mr William H. Bratten

13. Birthplace: Md.

MOTHER 14. Maiden name: Mary Payne

15. Birthplace: Stockton Md.

16. Informant: Mrs. I. Bratten

Address: Vienna, Md.

17. Burial, cremation, or removal. Which?: Burial Date thereof: 11/5/40 (month) (day) (year)

Cemetery or crematory: East New Market Cemetery

Location: East New Market, Md

18. Funeral director: [illegible]

Address

19. 11/5 1940 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 7 1940 at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 9 1940 to November 2 1940 and that I last saw him alive on November 2 1940

	DURATION
Immediate cause of death: Cachexia	6 wks.
Due to: Ca of Cardiac end of stomach	1 yr.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Gastrostomy Date of op. 4/24/40

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [illegible] M. D. or other

Address: Easton Date signed: 11/6/40

RECEIVED
DEC 6 1960
U. S.

11887

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME (Fetus) Brittingham

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife Mrs Thelma Brittingham (mother)

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1940

8. AGE: Years: Fetus | Months: 3 | Days | If less than one day: hrs. min.

9. Birthplace Emergency Hospital - Easton, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Mr. Harold Brittingham
13. Birthplace Pocomocoke

MOTHER
14. Maiden name Mrs Thelma Brittingham
15. Birthplace Princess Anne, Md

16. Informant Mrs Thelma Brittingham
Address Easton, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 11/27/40 (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton

18. Funeral director Emergency Hospital
Address Easton Md.

19. 11/27 1940 (Date rec'd by registrar) N. H. Neirus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1940, at 1:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 and that I last saw h alive on 19

Immediate cause of death: Abortion — DURATION: 2 months

Due to: Unknown

Due to:

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Tyler Baker MD
M. D. or other

Address Easton Date signed 11/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 161-a

11888

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:

County Talbot

City or town Oxford, rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Care H Heber Ritter

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 35 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Oxford, Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Laurence Edward Brown.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Col	Single

6 (b) Name of husband or wife ✓

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov 20 - 1940

8. AGE: Years | Months | Days 3 | If less than one day ✓ hrs. ✓ min.

9. Birthplace Oxford, rural, (Town, county, and state)

10. Usual occupation ✓

11. Industry or business

FATHER 12. Name James Gilbert Brown

13. Birthplace Trappe Md (rural)

MOTHER 14. Maiden name Mildred Virginia Purnell

15. Birthplace Trappe Md, rural,

16. Informant Mildred V Brown

Address Oxford Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 24 - 1940 (month) (day) (year)

Cemetery or crematory Colored near Trappe

Location

18. Funeral director Gilbert Brown

Address Oxford Md Rt

19. Nov. 23rd 1940 (Date rec'd by registrar) Joseph A Ross Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23rd 1940, at 2P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on Nov 23rd 1940.

Immediate cause of death Unknown probably Atelectasis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Joseph A Ross Md M. D. or other

Address Trappe Md Date signed 11/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (S)

CERTIFICATE OF DEATH

11885

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Easton Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Talbot

City or town Easton R.D. (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME (Foetus) Caldwell

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Wh	—

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28. 1940

8. AGE: Years | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Easton Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name James Caldwell

FATHER 13. Birthplace Talbot Co. Md.

MOTHER 14. Maiden name Mercedes Carter

MOTHER 15. Birthplace Middlesex Co. Va.

16. Informant Mercedes Caldwell

Address Easton Md. R.D.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 11/28/40 (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton

18. Funeral director Emergency Hospital

Address Easton, Md.

19. 11/28 1940 (Date rec'd by registrar) N. H. Meares Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28 1940 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...

and that I last saw h ... alive on ... 19...

Immediate cause of death	DURATION
Tubal Pregnancy	6 wks.
Due to Tubal Abortion	2 wks.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. D. Noble M. D. or other

Address Easton, Md. Date signed 11/30/40

RECEIVED
DEC 6 1940
U.S. BUREAU

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11890

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Centreville (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Fetus (1mo(?)) Callahan

3. (b) Social Security Number

4. Sex —

5. Color or race White

6.(a) Single, married, widowed, or divorced —

6.(b) Name of ~~husband or wife~~ father Mr. Max Callahan

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months 1mo(?) | Days | If less than one day hrs. min.

9. Birthplace Easton Md. Talbot County (Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER

12. Name Mr. Max Callahan

13. Birthplace Talbot, Maryland

MOTHER

14. Maiden name Mrs. Gertrude Chambers

15. Birthplace Queen Anne, Maryland

16. Informant Mrs. Gertrude Callahan (mother)

Address Centreville, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 11/28/40 (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton

18. Funeral director Emergency Hospital

Address Easton

19. 11/28 1940 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1940, at M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19, to 19

and that I last saw h alive on 19

Immediate cause of death Abortion

Due to unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION 1 month

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Easton Md. Date signed 11/30/40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11891

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: "Outside"
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) all of life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town Easton (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Clayton

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Hattie Clayton
6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Sept 4 1884

8. AGE:

Years	Months	Days	If less than one day
56	2	4	hrs. min.

9. Birthplace Talbot County Md
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Isaac Clayton
13. Birthplace Talbot County, Md

MOTHER
14. Maiden name Sallie Moaney
15. Birthplace Talbot County

16. Informant Alberta Clayton
Address New York, N.Y.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 12 1940 (month) (day) (year)
Cemetery or crematory Hammadowa
Location Easton
18. Funeral director Maurice E. Newnam Son
Address Easton, Md

19. 11/12 1940 (Date rec'd by registrar) N. H. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1940, at 4P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__,
and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Coronary occlusion	at once
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

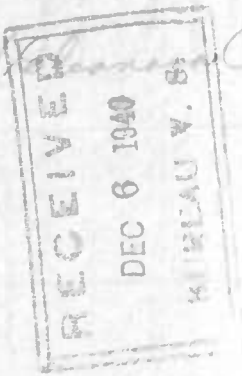
PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Louis J. Watts Dep Med Ex M. D., or other
Address Easton Md Date signed 11-8-40

Baltimore Life Ins. Co. (Alexander Clayton) dass.

RECEIVED
DEC 6 1940
BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11892

Reg. Dist. No. 2-6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Talbot Co. Md.

City or town: Rural- Near Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: "Outside"

Stay in hospital or inst. (yrs., or mos., or days): No.

Stay in this community (yrs., or mos., or days): All of life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Near Easton-Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Laura Mary Coleman

3. (b) Social Security Number: None.

4. Sex: Female | 5. Color or race: White | 6.(a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: George H. Coleman

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Dec. 5 1878

8. AGE: Years: 61 | Months: 11 | Days: 6 | If less than one day: hrs. min.

9. Birthplace: Trappe Talbot Co. Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: Unknown (Traced)

13. Birthplace: Unknown

MOTHER 14. Maiden name: Unknown

15. Birthplace

16. Informant: Mrs. Anna M. Bladen

Address: Easton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 13, 1940 (month) (day) (year)

Cemetery or crematory: Wesley Hill

Location: Near Trappe, Md.

18. Funeral director: Maurice E. Newnam & Son

Address: Easton Md.

19. Nov 13 1940 (Date rec'd by registrar) N. A. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 11 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1938, to Nov 1940, and that I last saw her alive on Nov 8- 1940.

	DURATION
Immediate cause of death	
Due to: Cerebral hemorrhage	2 years
Due to: Arterio-sclerosis	(?)
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Joseph A. Bowers M. D. or other

Address: Trappe Md. Date signed: 11/11/40

RECEIVED
DEC 6 1940
BUREAU V. S.

11893

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution? 10 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Rural – Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Raymond Cook

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Martha C. Cook

8.(c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1897

8. AGE: Years 43 | Months 1 | Days 19 | If less than one day ... hrs. ... min.

9. Birthplace Caroline Co. Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER

12. Name J. Ferdinand Cook

13. Birthplace Germany

MOTHER

14. Maiden name Cora R. Nichols

15. Birthplace Caroline Co. Md

16. Informant Mrs R. O. Cook

Address Federalsburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/3/40 (month) (day) (year)

Cemetery or crematory Hill Crest

Location Federalsburg Md.

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. 12/1 1940 (Date rec'd by registrar) N. H. Neeves Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30 1940 at 10:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 30 1940, to Nov. 30 1940 and that I last saw him alive on Nov. 30 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage (Massive)	11-30
Due to	
Due to Hypertension)	3 MO
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. E. Lemmon MD M. D. or other

Address Federalsburg Md Date signed 12-2-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

T

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (120-a)

11894

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:
County Talbot
City or town Oxford
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) all of life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Oxford Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Rebecca Davis

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Thomas Davis.
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): July 26, 1852

8. AGE: Years 82 | Months 3 | Days 29 | If less than one day ____ hrs. ____ min.

9. Birthplace: Dorchester Co., Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER
12. Name: James Travers Mitchell
13. Birthplace: Dorchester Co., Md
MOTHER
14. Maiden name: Eliz. Wherett
15. Birthplace: Dorchester Co., Md
16. Informant: Gertrude Davis
Address: Oxford, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 27 1940 (month) (day) (year)
Cemetery or crematory: Oxford Cemetery
Location: Oxford, Md. rural
18. Funeral director: Maurice E. Newnam & Son
Address: Easton, Md.
19. Nov. 26 1940 (Date rec'd by registrar) Joseph A. Ross Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 25 1940, at 9 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 20 1940, to Nov 25 1940, and that I last saw her alive on Nov. 24 1940.

Immediate cause of death: Chronic Colitis
Due to: 4 years to my knowledge
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION: 8 (?)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Joseph A. Ross M.D. M. D. or other
Address: Grappe, Md. Date signed 11/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11895

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (S)

County Talbot Co. Registration Dist. No. 293.

Village or City Cardova, Md. 13710. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stillborn Emory (M) If U. S. Veteran, specify WAR —

(a) Residence: No. Cardova, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) November 8, 1940

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Winfred Henry Emory

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Dorothy Elizabeth Copes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Winfred H. Emory Cardova, Md. 13710

18. BURIAL, CREMATION, OR REMOVAL Place Cardova, Md. Date 11/8—, 1940.

19. UNDERTAKER (Address) Winfred H. Emory Cardova Md.

20. FILED 11/8—, 1940. J. L. Gudmon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 8, (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from November 8, 1940, to November 8, 1940

I last saw h— alive on dead 11/8—, 1940; death is said to have occurred on the date stated above, at 1 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillborn	11/8/40

Other Contributory Causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. —

Menner of Injury —

Nature of Injury —

24. Wes disease or injury In any way related to occupetion of deceased? No

If so, specify —

(Signed) Maynard T. Webb, M. D.

(Address) Easton, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED DEC 3 1929 BUREAU F. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

11896

Reg. Dist. No. 29

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town St. Michaels (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Talbot

City or town St. Michaels Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph S. Jackson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Clara O. Jackson

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1866

8. AGE: Years	Months	Days	If less than one day
73	5	16	hrs. min.

9. Birthplace Talbot County (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Gordon Jackson

Address St. Michaels, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 16, 1940 (month) (day) (year)

Cemetery or crematory Olivet Cemetery

Location St. Michaels, Md.

18. Funeral director J. Norman Marshall

Address St. Michaels, Maryland

19. Nov 16 1940 (Date rec'd by registrar) John Hurwales Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1940, at 2:20 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov. 15 1940 to Nov 15 1940 and that I last saw him alive on Nov. 15 1940

Immediate cause of death	DURATION
Coronary disease	
Due to Arterio sclerosis	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Hoke M.D. M. D. or other

Address St Michaels Md. Date signed 11/16/40

RECEIVED
DEC 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

11897

Reg. Dist. No. 291

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH.

County Talbot

City or town Bozman

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Bozman Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME J. Edwin B. McQuay

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widower

6 (b) Name of husband or wife Sarah Dora McQuay

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26 1859

8. AGE: Years 81 | Months 11 | Days 9 | If less than one day hrs. min.

9. Birthplace Tilghman, Talbot Co Md (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name Patrick McQuay

13. Birthplace Talbot Co. Md

MOTHER 14. Maiden name Catherine Cummings

15. Birthplace Tilghman, Md

16. Informant Charles G. McQuay

Address Bozman, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 6-1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location Bozman Md

18. Funeral director Newnam & Harrison

Address St. Michaels, Md.

19. Nov 4 1940 (Date rec'd by registrar) John Hurwalis Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 1940, at 9a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 20 1940 to Nov. 4, 1940, and that I last saw him alive on Oct. 15, 1940

Immediate cause of death — DURATION

Acute Uremia

Due to Arterio-sclerotic Nephritis — several yrs.

Due to Hypertension

Arterio-sclerotic Nephritis

Other conditions

Generalized Arterio-sclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. S. Brewington M. D. or other

Address St. Michaels, Md Date signed 11.4.40

EIVED
DEC 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11898

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Mary Franklin Millikan

3.(b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Arline Millikan

6.(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Mar. 10, 1870

8. AGE: Years	Months	Days	If less than one day
70	8	12	hrs. min.

9. Birthplace: Morrison, Illinois (Town, county, and state)

10. Usual occupation: Lawyer

11. Industry or business

FATHER

12. Name: Silas Franklin Millikan

13. Birthplace: Illinois

MOTHER

14. Maiden name: Mary Osborne

15. Birthplace: N. Y.

16. Informant: Mrs. M. B. Millikan

Address: Easton Md. R.D.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Nov 25, 1940 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cemetery

Location: Washington D.C.

18. Funeral director: James A Spence

Address: Easton Md

19. 11/23 1940 (Date rec'd by registrar) M. A. Merrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 22 1940 at 4 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 22 1940 to Nov. 22 1940 and that I last saw h[illegible] alive on Nov. 22 1940

Immediate cause of death	DURATION
Acute Myocarditis	2 days.
Due to: Chronic Myocarditis	3 yrs.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: no

Date of op.

Autopsy results: no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: P. W. C. Stevens M. D. or other

Address: Easton Md Date signed 11-23-40

RECEIVED
DEC 6 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

11899

Reg. Diat. No. 2-90

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Greensboro

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Fetus Murphy.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
—	White	—

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27 - 1940.

8. AGE: Years	Months	Days	If less than one day
Fetus			hrs. min.

9. Birthplace Easton Talbot Co Md.
(Town, county, and atate)

10. Usual occupation Labor.

11. Industry or business

FATHER 12. Name Mr. Raymond Murphy

13. Birthplace Greensboro, Maryland.

MOTHER 14. Maiden name Emma Tull

15. Birthplace Delaware, Maryland.

16. Informant Mrs Anna Murphy

Address Greensboro, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 11/28/40 (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton

18. Funeral director Emergency Hospital

Address Easton

19. 11/28 1940 N. H. Meriss

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1940 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19

and that I last saw h alive on 19

Immediate cause of death Abortion — DURATION 2 months

Due to Unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE M. D. or other

Address Easton Md Date signed 11/30/40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

11900

Reg. Dist. No. 32

1. PLACE OF DEATH:
County Talbot
City or town Trappe
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town Trappe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Cora Cooper Nelson

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Napoleon Nelson
6(c) If alive, give age: 57 years
7. Birth date of deceased (mo., day, yr.): Apr 10, 1883
8. AGE: Years 57 | Months 6 | Days 26 | If less than one day: hrs. min.
9. Birthplace: Delaware (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Samuel B. Cooper
13. Birthplace: Delaware
MOTHER 14. Maiden name: Anna Smith
15. Birthplace: Delaware
16. Informant: Napoleon Nelson
Address: Trappe, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 8 1940 (month) (day) (year)
Cemetery or crematory: Harrington
Location: Harrington Delaware
18. Funeral director: Maurice E. Newnam & Son
Address: Easton Md.
19. Nov. 7 1940 (Date rec'd by registrar) Joseph A. Cox Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1940, at 10:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 28 1940, to Nov. 6 1940, and that I last saw her alive on Oct. 15 1940.

	DURATION
Immediate cause of death: Anaplastic Carcinoma of the breast with metastasis to lymph nodes and both lungs.	
Due to: Cachexia - above	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Anaplastic carcinoma of right breast with metastasis to lymph nodes
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wyle M Fox M. D. M. D. or other
Address Cambridge Md Date signed 11-7-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11901

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No. R.D. # 4

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Nixon

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1940

8. AGE: Years	Months	Days	If less than one day
Stillborn			hrs. min.

9. Birthplace Easton Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Noah Nixon

13. Birthplace Talbot Co., Maryland

MOTHER 14. Maiden name Lillie Mae Worrell

15. Birthplace Talbot Co., Md.

18. Informant Noah Nixon

Address Easton, Maryland

17. Cremation Date thereof 11/5/40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton

18. Funeral director Emergency Hospital

Address Easton, Md.

19. 11/5 1940 N. H. Meeris

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 1940 at 1.27 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-5 1940 to 11-5 1940

and that I last saw h...er alive on Stillborn 19...

Immediate cause of death	DURATION
Stillborn	
Due to Over exertion of mother	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Lyden Baker M.D.

M. D. or other

Address Easton Date signed 11/8/40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11902

Reg. Dist. No. 29

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Talbot

City or town: St. Michaels

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: St. Michaels Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles L. Perry

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Liza Lee Perry

6(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): January 15, 1883

8. AGE: Years	Months	Days	If less than one day
56	9	17	hrs. min.

9. Birthplace: Georgetown, Del. (Town, county, and state)

10. Usual occupation: Mason

11. Industry or business:

FATHER — 12. Name: Thomas Perry

13. Birthplace: Unknown

MOTHER — 14. Maiden name: Unknown

15. Birthplace: Unknown

16. Informant: Liza Lee Perry

Address: St. Michaels, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/5/40 (month) (day) (year)

Cemetery or crematory:

Location: St. Michaels, Md.

18. Funeral director: J. Norman Marshall

Address: St. Michaels, Maryland

19. Nov 5 1940 (Date rec'd by registrar) John H. Orwales Asst. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 2, 1940. 1:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 15, 1940 to Nov. 2, 1940

and that I last saw him alive on Nov. 2, 1940

Immediate cause of death: Chr. Parenchymatous Nephritis — DURATION: Several mos.

Due to: Arterial Hypertension

Due to:

Other conditions: Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings: None

Of operations:

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: — Injured at work?

23. SIGNATURE: P. B. Lewis M.D. M. D. or other

Address: St. Michaels, Md. Date signed: 11.5.40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1240

CERTIFICATE OF DEATH

11903

Reg. Dist. No. 290

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Talbot.

City or town Easton Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 58 yrs.

Hospital, institution, or street address where death occurred:

WITHIN CORPORATE LIMITS

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot.

City or town Easton Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Jennie Shannahan Pawlins.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Married

6.(b) Name of husband or wife Wilbur F. Pawlins.

6.(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) April 17, 1876

8. AGE: Years 76 | Months 5 | Days 15 | If less than one day ... hrs. ... min.

9. Birthplace Caroline Co. Md.
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER 12. Name Wesley Moore

13. Birthplace Md.

MOTHER 14. Maiden name Brown

15. Birthplace Md.

16. Informant Mr. Wilbur F. Pawlins.

Address Easton. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 4 1940 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton. Md

18. Funeral director James A Spence

Address Easton Md

19. 11/4 1940 M. H. Nevins Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2nd 1940, at 5:15 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 2 1940, to Nov 2 1940

and that I last saw h... alive on Nov. 2 1940

Immediate cause of death	DURATION
Uremia	2 weeks
Due to Nephro-sclerosis	
Due to	
Other conditions Cirrhosis of Liver	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Taylor Baker M. D.
M. D. or other

Address Easton Date signed 11-3-40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (10)

CERTIFICATE OF DEATH

11904

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No.: North St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Herman Mack Schmelin, Jr.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 28, 1939

8. AGE: Years	Months	Days	If less than one day
1	5	9	..... hrs. ..... min.

9. Birthplace: Easton Md
(Town, county, and state)

10. Usual occupation:
11. Industry or business

FATHER
12. Name: Herman Mack Schmelin Sr
13. Birthplace: Md

MOTHER
14. Maiden name: Thelma Margaret Scott
15. Birthplace: Md

16. Informant: Herman Mack Schmelin Jr.
Address: Easton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 9, 1940 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Easton Md.
19. Funeral director: [illegible]
Address: Easton Md

19. 11/7 (Date rec'd by registrar) 1940 N. H. Merrill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 7, 1940, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-6 19..., to ... 19...
and that I last saw him alive on ... 19...

Immediate cause of death	DURATION
Laryngeal Diphtheria	1 day
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Louis A. Hardy M.D. M. D. or other
Address: Easton Md Date signed: 11/7/40

RECEIVED
NOV 22 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-01)

CERTIFICATE OF DEATH

Reg. Dist. No. 11905

1. PLACE OF DEATH:

County: Talbot

City or town: Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Mos

Hospital, institution, or street address where death occurred: ✓

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Talbot

City or town: Easton (If outside city or town limits, write RURAL and give nearest town)

Street No.: West St (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Horace Smith

3. (b) Social Security Number: ✓

4. Sex: Male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Widower

6.(b) Name of husband or wife: Laura Smith

6.(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): 1857

8. AGE: Years: 83 Months: Unknown Days: If less than one day: hrs. min.

9. Birthplace: Royal Oak Talbot Co Md (Town, county, and state)

10. Usual occupation: Caretaker

11. Industry or business: Home

FATHER

12. Name: Wm Smith

13. Birthplace: Md

MOTHER

14. Maiden name: Julia Ann Webb

15. Birthplace: Md

16. Informant: Jos M. Moore

Address: Easton R.D. 4

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11/27/40 (month) (day) (year)

Cemetery or crematory: Royal Oak

Location: Royal Oak

18. Funeral director: James A. Spence

Address: Easton Md

19. 11/27 1940 (Date rec'd by registrar) N. H. Neeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 25 1940 at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1940, to Nov 25 1940 and that I last saw him alive on Nov 4 1940

Immediate cause of death: Acute Uremia

Due to: Chr Brights Disease Hypertension

Due to: Chr Nephritis

Other conditions: Generalized Arteriosclerosis Gangrene of both feet (Include pregnancy within 3 months of death)

DURATION: 2 years

Major findings of operations: None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work?

23. SIGNATURE: L. B. Lewis M.D. M. D. or other

Address: St Michaels Md Date signed: 11.27.40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1940
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

11906

Reg. Dist. No. 290

VS A15 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 yrs
Hospital, Institution, or street address where death occurred: Easton Emergency Hospital
How long in hospital or Institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Easton R.D.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION) no
2.(a) If veteran, name war

3.(a) FULL NAME Charles (ie) Thomas

3.(b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	married

6.(b) Name of husband or wife Virgie Thomas
6.(c) If alive, give age 43 years
7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
50			hrs. min.

9. Birthplace Talbot Co Md. (Town, county, and state)
10. Usual occupation Farm laborer
11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden name "
15. Birthplace "

16. Informant Virgie Thomas
Address Easton RD #3

17. Easton (Burial, cremation, or removal) (Which?) Date thereof 12/2/40 (month) (day) (year)
Cemetery or crematory Prathers Cemetery
Location Easton Md

18. Funeral director James A Spence
Address Easton Md.

19. 11/26 1940 N.H. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 25 1940 at 4:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 23 1940 to Nov. 25 1940 and that I last saw him alive on Nov. 25, 1940

Immediate cause of death	DURATION
Auricular Fibrillation	?
Due to	
Due to	
Other conditions Chronic Nephritis	?

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W M Palmer M. D. or other
Address Easton Md Date signed 11/30/40

RECEIVED
DEC 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11907

1. PLACE OF DEATH (8)

County Talbot Co. Registration Dist. No. 292

Village or City Trappe, Md (rural) No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stillborn Turner If U. S. Veteran, specify WAR

(a) Residence: No. Near Trappe, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 17, 1940

7. AGE: Years ✓ Months ✓ Days ✓ If LESS than 1 day, ✓ hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Eason

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Estella Marie Turner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Emma Cooper Trappe, Md R.F.D.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Cooper Farm near Trappe Date Nov. 18, 1940

19. ~~UNDERTAKER~~ (Address) Wm Askins Trappe Md R.D.

20. FILED Nov 18, 1940 Joseph Lowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 17 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1940, to Nov. 17, 1940

I last saw ~~been alive on~~ dead on Nov. 17, 1940; death is said to have occurred on the date stated above, at 1 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillborn	11/17/40

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Hayward T. Webb, M. D.

(Address) Easton, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED DEC 3 1940 U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M

S

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11908

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton, Maryland (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Williamsburg (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Whitely

3.(b) Social Security Number

4. Sex: Unknown

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Stillborn

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Nov. 12, 1940

8. AGE: Years: Stillborn | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Easton, Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name: Mr. Walter Whitely

13. Birthplace: Williamsburg, Md.

MOTHER

14. Maiden name: Miss Margaret E. Bradley

15. Birthplace: Vienna, Md.

16. Informant: Mrs. Margaret Whitely

Address: Williamsburg, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof: 11/12/40 (month) (day) (year)

Cemetery or crematory: Emergency Hospital

Location: Easton

18. Funeral director: Emergency Hospital

Address: Easton, Md.

19. 11/12 1940 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 12 1940 at 12 22 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 12 1940 to Nov. 12 1940 and that I last saw h ... alive on ... 19

Immediate cause of death: Stillborn

Due to: Therapeutic Abortion

Due to: Tbc & arthritis of mother

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Easton, Md. Date signed: 11/12/40

RECEIVED
DEC 6 1940
BUREAU F. S.